

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2007 8:00 am**  
**Secretary of State**

01-10-2007 90048 037 \*\*\*150.00

<b>DOCUMENT # P93000004866</b> 1. Entity Name <b>VOICEWARE SYSTEMS, INC.</b>					
Principal Place of Business <b>1109 OKEECHOBEE RD. #11 WEST PALM BEACH, FL 33401 US</b>			Mailing Address <b>1109 OKEECHOBEE RD. #11 WEST PALM BEACH, FL 33401 US</b>		
2. Principal Place of Business - No P.O. Box # <b>5850 S. Military TR #45</b>		3. Mailing Address <i>same</i> Suite, Apt. #, etc. <b>#45</b>			
City & State <b>LAKE WORTH FL</b>		City & State <b>LAKE WORTH FL</b>		4. FEI Number <b>65-0466651</b>	
Zip <b>33463</b>		Country <b>PB</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BETRON, BRIAN 1109 OKEECHOBEE RD., SUITE 11 WEST PALM BEACH, FL 33401</b>			7. Name and Address of New Registered Agent Name <b>BRIAN Betron</b> Street Address (P.O. Box Number is Not Acceptable) <b>5850 S. Military TR. #45</b> City <b>LAKE WORTH</b> <b>FL</b> Zip Code <b>33463</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <b>BRIAN Betron</b> <i>[Signature]</i> DATE <b>1-08-2007</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>P</b> NAME <b>BETRON, BRIAN</b>	<input type="checkbox"/> Delete		TITLE <b>BRIAN Betron</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>1109 OKEECHOBEE RD., SUITE 11</b>			STREET ADDRESS <b>5850 S. Military TR #45</b>		
CITY-ST-ZIP <b>WEST PALM BEACH, FL 33401</b>			CITY-ST-ZIP <b>LAKE WORTH, FL 33463</b>		
TITLE <b>D</b> NAME <b>POOLE, CHARLES J JR.</b>	<input checked="" type="checkbox"/> Delete		TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>2415 GABRIEL LANE</b>			STREET ADDRESS <b></b>		
CITY-ST-ZIP <b>WEST PALM BEACH, FL 33406</b>			CITY-ST-ZIP <b></b>		
TITLE <b></b> NAME <b></b>	<input type="checkbox"/> Delete		TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b></b>			STREET ADDRESS <b></b>		
CITY-ST-ZIP <b></b>			CITY-ST-ZIP <b></b>		
TITLE <b></b> NAME <b></b>	<input type="checkbox"/> Delete		TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b></b>			STREET ADDRESS <b></b>		
CITY-ST-ZIP <b></b>			CITY-ST-ZIP <b></b>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other information.					
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>1-08-07</b> <b>(561) 543 5191</b> <small>Telephone Phone #</small>		